

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16-31, 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 1/13/06		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION Legal Name: Ca. Land Stewardship Institute				Organizational Unit: Department:	
Organizational DUNS: 184092919				Division:	
Address: Street: 3661 Grand Ave. #204				Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Laurel	
City: Oakland				Middle Name	
County: Alameda				Last Name: Marcus	
State: CA Zip Code: 94610				Suffix:	
Country: USA				Email: laur@lm@ix.netcom.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 76-0772085				Phone Number (give area code): 510 832 3101/ 707 869 2760	
				Fax Number (give area code): 510 832 3004/ 707 869 4492	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)				7. TYPE OF APPLICANT: (See back of form for Application Types) Not for profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11.463 TITLE (Name of Program): Habitat Conservation				9. NAME OF FEDERAL AGENCY: NOAA Fisheries	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Napa and Solano Counties, California				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WOODEN VALLEY CREEK STEELHEAD TROUT BARRIER REMOVAL AND CREEK RESTORATION	
13. PROPOSED PROJECT Start Date: 3/07 Ending Date: 3/09				14. CONGRESSIONAL DISTRICTS OF: a. Applicant 9th b. Project 1st, 10th, 7th	
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$213,000		.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 1/13/06	
b. Applicant	\$218,440		.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$0		.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$0		.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$0		.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$0		.00		
g. TOTAL	\$431440		.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix: First Name: Laurel				Middle Name	
Last Name: Marcus				Suffix	
b. Title: Executive Director				c. Telephone Number (give area code): 510 832 3101/ 707 869 2760	
d. Signature of Authorized Representative				e. Date Signed 1/13/06	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED JANUARY 2006	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: South Los Angeles / City of Economic Alliance / Artesia Address (give city, county, State, and zip code): 8929 S. Sepulveda Blvd. / 18747 Clarkdale Los Angeles, CA 90045 Ste. 414 Artesia, CA 90701 Organizational Unit:															
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-6006216 7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit Dev. Co.</u> <input checked="" type="checkbox"/> N & C	Name and telephone number of person to be contacted on matters involving this application (give area code) C. Hui Lai City Traffic Engineer (714) 974-7863														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): STATE CLEARING HOUSE JAN 17 2006															
9. NAME OF FEDERAL AGENCY:															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-300 TITLE:															
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Infra-structure development to support commercial and retail development of central business district and downtown economic development.															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY of ARTESIA, CALIFORNIA															
13. PROPOSED PROJECT Start Date: 05/06 Ending Date: 11/06	14. CONGRESSIONAL DISTRICTS OF: Linda T. Sanchez & Henry A. Waxman a. Applicant 39th & 29th b. Project 39th														
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 1,500,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 1,500,000.00</td> </tr> <tr> <td>c. State</td> <td>\$.00</td> </tr> <tr> <td>d. Local</td> <td>\$.00</td> </tr> <tr> <td>e. Other</td> <td>\$.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 3,000,000.00</td> </tr> </table>		a. Federal	\$ 1,500,000.00	b. Applicant	\$ 1,500,000.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 3,000,000.00
a. Federal	\$ 1,500,000.00														
b. Applicant	\$ 1,500,000.00														
c. State	\$.00														
d. Local	\$.00														
e. Other	\$.00														
f. Program Income	\$.00														
g. TOTAL	\$ 3,000,000.00														
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 01/06 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW															
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Type Name of Authorized Representative Bill Raphael, & Maria Dadian, C.O.P., & City Manager	b. Title c. Telephone Number (310) 670-6406 & (562) 865-62														
d. Signature of Authorized Representative Bill Raphael Maria Dadian	e. Date Signed Jan. 2006														

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 19, 2006	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: I'SOT Inc.		Organizational Unit: DBA Canby Family Practice Clinic																						
Address (give city, county, State, and zip code): 670 County Rd 83 Canby, CA 96015		Name and telephone number of person to be contacted on matters involving this application (give area code) Greta Elliott 530-233-4641																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23 - 7058078		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 20px; float: right;">N</div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>non-profit Rural Health Clinic (RHC)</u>																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: 10 - 766		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Purchase of software and computer equipment and training costs to implement electronic health records (EHR) in the medical department.																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Modoc County, CA																								
13. PROPOSED PROJECT Start Date: 4/1/06 Ending Date: 3/31/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: I'SOT Inc. b. Project: EHR Implementation Project in the Medical Department																						
15. ESTIMATED FUNDING: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">29,996⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">9,950⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">0⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">39,946⁰⁰</td> </tr> </table>		a. Federal	\$	29,996 ⁰⁰	b. Applicant	\$	9,950 ⁰⁰	c. State	\$	0 ⁰⁰	d. Local	\$	0 ⁰⁰	e. Other	\$	0 ⁰⁰	f. Program Income	\$	0 ⁰⁰	g. TOTAL	\$	39,946 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 01/19/06 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	29,996 ⁰⁰																						
b. Applicant	\$	9,950 ⁰⁰																						
c. State	\$	0 ⁰⁰																						
d. Local	\$	0 ⁰⁰																						
e. Other	\$	0 ⁰⁰																						
f. Program Income	\$	0 ⁰⁰																						
g. TOTAL	\$	39,946 ⁰⁰																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																								
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Type Name of Authorized Representative Greta J Elliott		b. Title Administrator																						
d. Signature of Authorized Representative 		c. Telephone Number (530) 233-4641																						
e. Date Signed 1-19-2006		f. Date Signed																						

DRAFT**PART I - FACE SHEET****APPLICATION FOR FEDERAL ASSISTANCE****1. TYPE OF SUBMISSION:**

Non-Construction

STATE APPLICATION IDENTIFIER:**CRANT NUMBER:**

058CPCA003

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):**3. DATE RECEIVED BY STATE:****2b. APPLICATION ID:**

06NC058500

4. DATE RECEIVED:**5. APPLICATION INFORMATION****LEGAL NAME:** Golden Umbrella, Inc**DUNS NUMBER:** 964530919**ADDRESS (give street address, city, state and zip code):**200 Mercy Oaks Drive
Redding CA 96003 - 8601**NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):****NAME:** Tina B. Brown**TELEPHONE NUMBER:** (530) 226-3012**FAX NUMBER:** (530) 223-0638**INTERNET E-MAIL ADDRESS:** tinabrown@clw.edu**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**

337115371

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Faith-based organization

8. TYPE OF APPLICATION:☐ NEW☒ CONTINUATION☐ REVISION**If Revision, enter appropriate letter(s) in box(es):**

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

9. NAME OF FEDERAL AGENCY:**Corporation for National and Community Service****11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

SCP of GOLDEN UMBRELLA

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 04.016**10b. TITLE:** Senior Companion Program**12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):**

Shasta County, Siskiyou County, Trinity County

14. PERFORMANCE PERIOD: START DATE:**END DATE:****16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**☐ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE:**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**☐ YES if "Yes," attach an explanation. ☒ NO**13. PROPOSED PROJECT: START DATE:** 04/01/05**END DATE:** 03/31/08**15. ESTIMATED FUNDING:**

a. FEDERAL	\$ 61,844.00
b. APPLICANT	\$ 32,169.00
c. STATE	\$ 17,313.00
d. LOCAL	\$ 14,956.00
e. OTHER	\$ 0.00
f. PROGRAM INCOME	\$ 0.00
g. TOTAL	\$ 94,013.00

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Larry Montgomery

b. TITLE:

Executive Director

c. TELEPHONE NUMBER:

(530) 226-3017

d. DATE:

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 1-13-06	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: COUNTY OF SANTA CRUZ		Organizational Unit: Department: PUBLIC WORKS	
Organizational DUNS: 614865751		Division: ROAD DESIGN	
Address: Street: 701 OCEAN STREET, ROOM 400		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: DON	
City: SANTA CRUZ		Middle Name: JERRY	
County: SANTA CRUZ		Last Name: HILL	
State: CA		Suffix:	
Zip Code: 95060		Email: don.hill@co.santa-cruz.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000534		Phone Number (give area code): (831) 454-2160	
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Fax Number (give area code): (831) 454-2385	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-463		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)	
TITLE (Name of Program): OPEN RIVERS INITIATIVE		9. NAME OF FEDERAL AGENCY: NOAA Fisheries	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): SANTA CRUZ COUNTY		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: GOLD GULCH ARCH CULVERT AND FISHWAY	
13. PROPOSED PROJECT Start Date: 12/1/06 Ending Date: 11/30/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 17 b. Project: 14	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal: \$ 429,370.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Week of 1/16/06	
b. Applicant: \$ 102,715.00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State: \$ 368,760.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local: \$ 0.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other: \$ 0.00		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income: \$ 0.00			
g. TOTAL: \$ 900,845.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix		Middle Name	
Last Name: BOLICH		Suffix	
b. Title: DIRECTOR OF PUBLIC WORKS		c. Telephone Number (give area code): (831) 454-2160	
d. Signature of Authorized Representative: <i>Thomas Bolich</i>		e. Date Signed: 1-12-06	

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

01/20/06

2b. APPLICATION ID:

06SR059489

3. DATE RECEIVED BY STATE:

4. DATE RECEIVED:

01/20/06

1. TYPE OF SUBMISSION:

Non-Construction

STATE APPLICATION IDENTIFIER:

GRANT NUMBER:

5. APPLICATION INFORMATION

LEGAL NAME: Volunteer Ctr of Kern County

DUNS NUMBER: 825161087

ADDRESS (give street address, city, state and zip code):

405 S Chester Ave
Bakersfield CA 93304 - 3652NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Patricia A. Borst

TELEPHONE NUMBER: (661) 395-9787

FAX NUMBER: (661) 395-9780

INTERNET E-MAIL ADDRESS: nsvpbak@yahoo.com

6. EMPLOYER IDENTIFICATION NUMBER (EIM):

952676423

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Volunteer Management Organization

8. TYPE OF APPLICATION:

☒ NEW☐ CONTINUATION☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

RECEIVED

JAN 20 2006

STATE CLEARING HOUSE

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

RSVP of Kern County

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

ALL OF KERN COUNTY--Bakersfield (primary concentration volunteers/sites),
Arvin/Lamont, Burtonwillow, Delano/McFarland, East Kern Area, Grapevine Area, Edwar

13. PROPOSED PROJECT: START DATE: 04/01/06 END DATE: 03/31/09

14. PERFORMANCE PERIOD: START DATE: END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL \$ 57,459.00

b. APPLICANT \$ 40,796.00

c. STATE \$ 0.00

d. LOCAL \$ 0.00

e. OTHER \$ 40,796.00

f. PROGRAM INCOME \$ 0.00

g. TOTAL \$ 98,255.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?☒ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:

DATE: 01-APR-06

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation.☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Brenda K. Ratliff

b. TITLE:

Executive Director

c. TELEPHONE NUMBER:

661-395-9787

d. DATE:

01/20/06

1/20/06

Brenda Ratliff

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 1/23/06	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Mattole Salmon Group (Tom Campbell)		Organizational Unit: Department:		
Organizational DUNS: 835691445		Division:		
Address: Street: 1890 Lighthouse Rd (po box 188)		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Petrolia		Prefix: Mr.	First Name: Tom	
County: Humboldt		Middle Name C		
State: CA		Last Name Campbell		
Zip Code 95558		Suffix:		
Country: US		Email: tom@mattolesalmon.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2762508		Phone Number (give area code) 707-629-3433		Fax Number (give area code) 707-629-3435
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O-Non profit organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Habitat Conservation 11-463		9. NAME OF FEDERAL AGENCY:		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Petrolia, Humboldt County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: East Mill Creek Fish Passage and Habitat Enhancement Project		
13. PROPOSED PROJECT Start Date: 10/1/2006 Ending Date: 12/31/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 1st b. Project CA 1st		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 69,137.87	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 1/23/06		
b. Applicant	\$ 17,220.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 125,612.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 2,368.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 0.00			
g. TOTAL	\$ 202,723.40			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.		First Name Tom		Middle Name C
Last Name Campbell		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) 707-629-3433		
d. Signature of Authorized Representative Tom Campbell		e. Date Signed 1/23/06		

Previous Edition Usable
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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 8, 2005	Applicant Identifier
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
County of El Dorado		Department: General Services	
Organizational DUNS: 07-154-3201		Division: Airports	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 360 Fair Lane		Prefix: Mr.	First Name: Dave
City: Placerville		Middle Name	
County: El Dorado		Last Name Nicolis	
State: California	Zip Code 95667	Suffix:	
Country: USA		Email: dnicolis@co.el-dorado.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000511		Phone Number (give area code) (530) 622-0459	Fax Number (give area code) 530-622-0270
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Georgetown, El Dorado County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Georgetown Airport, Georgetown, El Dorado County, California Rehabilitate Existing Runway 16-34 - Phase 3	
13. PROPOSED PROJECT Start Date: 2005 Ending Date: 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 04 b. Project 04	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 87,035.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: December 9, 2005	
b. Applicant	\$ 229.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 4,352.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 91,616.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Keith	Middle Name	
Last Name Leech	Suffix		
b. Title Director of General Services	c. Telephone Number (give area code) (530) 621-5847		
d. Signature of Authorized Representative	e. Date Signed		1-12-06

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED December 30, 2005	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
City of Chico		Department: Airport Administration	
Organizational DUNS: 08-528-7522		Division: Airports	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: P.O. Box 3420		Prefix: Mr.	First Name: Greg
City: Chico		Middle Name T.	
County: Butte		Last Name Jones	
State: California		Suffix:	
Zip Code 95927		Email: GJones@ci.chico.ca.us	
Country: USA		Phone Number (give area code) (530) 896-7203	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000308		Fax Number (give area code) (530) 895-4825	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
TITLE (Name of Program): Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Chico Municipal Airport, Chico, Butte County, California Expansion of ARFF Building Engineering Design - Phases 2 thru 5 - Reconstruction of Existing Aircraft Parking Apron and of Rehabilitation of Airfield Lighting	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Chico, Butte County and Adjacent Counties		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd b. Project 2nd	
13. PROPOSED PROJECT Start Date: 2006 Ending Date: 2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 5, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$ 1,671,050.00		
b. Applicant	\$ 87,950.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 1,759,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		Middle Name T.	
Prefix Mr.	First Name Greg	Suffix	
Last Name Jones		c. Telephone Number (give area code) (530) 896-7203	
b. Title City Manager		e. Date Signed 1/5/06	
d. Signature of Authorized Representative			

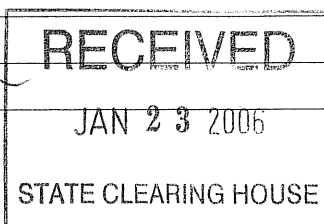
APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

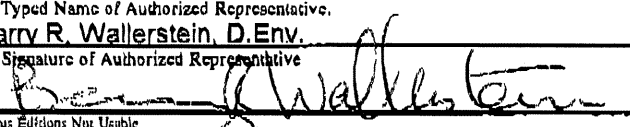
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED JAN 2006		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION																										
Legal Name: PINE HILLS MUTUAL WATER COMPANY			Organizational Unit: Department: USDA																							
Organizational DUNS: 15-572-5757			Division: PUBLIC RURAL DEVELOPMENT																							
Address: Street: PO BOX 725			Name and telephone number of person to be contacted on matters involving this application (give area code)																							
City: JULIAN			Prefix: MR.		First Name: BOB																					
County: SAN DIEGO			Middle Name																							
State: CA			Last Name LAW																							
Zip Code 92036			Suffix:																							
Country: USA			Email: pinehavn@abac.com																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 - 1 1 0 9 4 6 0 </div>			Phone Number (give area code) (760) 765-2256		Fax Number (give area code)																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) MUNICIPAL Other (specify)																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 - 7 6 0 </div> TITLE (Name of Program): WATER AND WASTEWATER			9. NAME OF FEDERAL AGENCY: USDA																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): SERVICE AREA OF PHMWC: PORTION OF JULIAN, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WATER SYSTEM IMPROVEMENTS																							
13. PROPOSED PROJECT Start Date: OCT 2006 Ending Date: APRIL 2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 49 b. Project 49																							
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">899,000.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">899,000.00</td></tr> </table>			a. Federal	\$	899,000.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	899,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	899,000.00																								
b. Applicant	\$.00																								
c. State	\$.00																								
d. Local	\$.00																								
e. Other	\$.00																								
f. Program Income	\$.00																								
g. TOTAL	\$	899,000.00																								
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																										
a. Authorized Representative <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Prefix MR.</td> <td>First Name BOB</td> <td>Middle Name</td> </tr> <tr> <td colspan="2">Last Name LAW</td> <td>Suffix</td> </tr> <tr> <td colspan="2">b. Title <i>Gen. Mgr.</i></td> <td>c. Telephone Number (give area code) 760 765-2256</td> </tr> <tr> <td colspan="2">d. Signature of Authorized Representative <i>Bob Law</i></td> <td>e. Date Signed 19 JAN 2006</td> </tr> </table>						Prefix MR.	First Name BOB	Middle Name	Last Name LAW		Suffix	b. Title <i>Gen. Mgr.</i>		c. Telephone Number (give area code) 760 765-2256	d. Signature of Authorized Representative <i>Bob Law</i>		e. Date Signed 19 JAN 2006									
Prefix MR.	First Name BOB	Middle Name																								
Last Name LAW		Suffix																								
b. Title <i>Gen. Mgr.</i>		c. Telephone Number (give area code) 760 765-2256																								
d. Signature of Authorized Representative <i>Bob Law</i>		e. Date Signed 19 JAN 2006																								

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Standard Form 424 (Rev.9-2003)
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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITT 1/24/06		Applicant Identifier	
1. TYPE OF SUBMISSION Application		Preapplication		3. DATE RECEIVED BY STATE	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
				Federal Identifier A 009094-05-0	
5. APPLICANT INFORMATION					
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT			Organizational Unit:		
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765			Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780		
6. EMPLOYER IDENTIFICATION (EIN): 953099419			7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): <u>Regional Agency</u>		
Organizational DUNS: 025986159			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: <u>Carryover</u>					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.001</u> TITLE: Air Pollution Control Program Support			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2004-05 Air Pollution Control Program Support		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the and non-desert areas of San Bernardino, Los Angeles, and Riverside Counties					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:			
Start Date	End Date	a. Applicant:		b. Project	
10/01/05	09/30/06	23-48		23-48	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 1/24/06 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$	713,776			
b. Applicant	\$	0			
c. State	\$	0			
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	713,776			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative: Barry R. Wallerstein, D.Env.			b. Title: Executive Officer		c. Telephone Number: (909) 396-2100
d. Signature of Authorized Representative 			e. Date Signed 1/24/06		

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION Legal Name: City of Coachella				Organizational Unit: Department: City Manager	
Organizational DUNS: 06-7655225				Division:	
Address: Street: 1515 Sixth Street				Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Coachella				Prefix: Ms. First Name: Ann Frances	
County: Riverside				Middle Name	
State: CA Zip Code: 92236				Last Name: Garcia	
Country: USA				Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000693				Email: annfgarcia@prodigy.net	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)				7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760				9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture (Rural Development)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Coachella				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of a new Water Reservoir and Pump Station.	
13. PROPOSED PROJECT Start Date: 04/06 Ending Date: 04/07 TITLE (Name of Program): Water and Waste Disposal Loan and Grant Program				14. CONGRESSIONAL DISTRICTS OF: a. Applicant City of Coachella b. Project Water Project	
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 5,000,000				a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant \$ 3,500,000				DATE:	
c. State \$ 0				b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local \$ 0				<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other \$ 0				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income \$ 0				<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL \$ 8,500,000					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Jerry		Middle Name	
Last Name Santillan				Suffix	
b. Title City Manager				c. Telephone Number (give area code) (760) 398-3502	
d. Signature of Authorized Representative				e. Date Signed January 26, 2006	

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
<input checked="" type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: Borrego Springs Park - CSD Organizational DUNS: 607557431		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Address: Street: 2990 Borrego Valley Road - P.O. Box 306 City: Borrego Springs County: SAN Diego State: CA Zip Code 92004 Country: U.S.A.		Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Larry Middle Name W. Last Name Linder Suffix: Email: linder@cwo.com Phone Number (give area code) 760-480-8414 Fax Number (give area code)			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 915-2625446		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: USDA, Rural Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: See Attached Description			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-763 TITLE (Name of Program): Emergency Community Water Assistance		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 52 b. Project 52			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Entire CSD Area, 1,400 Acres		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
13. PROPOSED PROJECT Start Date: Ending Date:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
15. ESTIMATED FUNDING:		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Federal \$ 460,000 .00		a. Authorized Representative Prefix Mr. First Name Larry Middle Name W.			
b. Applicant \$.00		Last Name Linder Suffix			
c. State \$.00		b. Title General Manager c. Telephone Number (give area code) 760-480-8414			
d. Local \$.00		d. Signature of Authorized Representative Larry W Linder e. Date Signed			
e. Other \$.00					
f. Program Income \$.00					
g. TOTAL \$ 460,000 .00					

APPLICATION FOR FEDERAL ASSISTANCE

Version 9/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 02/01/2006	Applicant Identifier _____
		3. DATE RECEIVED BY STATE _____	State Application Identifier _____
		4. DATE RECEIVED BY FEDERAL AGENCY _____	Federal Identifier _____

5. APPLICANT INFORMATION		Organizational Unit:	
* Legal Name: San Francisco State University * Organizational DUNS: 942514985		Department: NERR Division: College of Science and Engineering	
Address: * Street1: 1600 Holloway Avenue Street2: ADM 469 * City: San Francisco County San Francisco * State: CA * Zip Code: 94132 * Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. * First Name: Jalme Middle Name: _____ * Last Name: Kooser Suffix: _____ * Email: jkooser@sfsu.edu * Phone Number (give area code) 415-338-3703 Fax Number (give area code) _____	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 93-1137247		7. * TYPE OF APPLICANT: 3-Controlled Institution of Higher Education Other (specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. * NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 11.420 TITLE: Coastal Zone Management Estuarine Research Reserves		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rush Ranch Facilities Construction Project	
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fairfield, Solano County, California			
13. * PROPOSED PROJECT: * Start Date: 07/01/2006 * Ending Date: 06/30/2007		14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant: 8 * b. Project: 7	
15. * ESTIMATED FUNDING: * a. Federal \$ 467,600.00 * b. Applicant \$ 200,400.00 * c. State \$ 0.00 * d. Local \$ 0.00 * e. Other \$ 0.00 * f. Program Income \$ 0.00 g. TOTAL \$ 668,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 02/01/2006 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: Dr. * First Name: Kenneth Middle Name: _____ * Last Name: Paap Suffix: _____ * b. Title: Associate Vice President * c. Telephone Number (give area code): 415-338-7091 * Email: kenp@sfsu.edu Fax Number (give area code): 415-338-0531			
d. Signature of Authorized Representative: _____		e. Date Signed: Completed on submission to Grants.gov	

Previous Edition Usable

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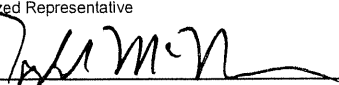
Standard Form 424 (Rev. x-xx)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 9/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED []		Applicant Identifier []	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE []		State Application Identifier []	
		4. DATE RECEIVED BY FEDERAL AGENCY []		* Federal Identifier NOSOCRM-2006-2000469	
5. APPLICANT INFORMATION					
* Legal Name: REGENTS OF UNIVERSITY OF CALIFORNIA, DAVIS			Organizational Unit:		
* Organizational DUNS: 047120084			Department: OFFICE OF GRADUATE STUDIES		
Address:			Division: []		
* Street1: C/O SPONSORED PROGRAMS, OVCR			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street2: 250 MRAC HALL, 1 SHIELDS AVENUE			Prefix: Ms. * First Name: DEBORAH		
* City: DAVIS County: []			Middle Name: []		
* State: CA * Zip Code: 95816 * Country: USA			* Last Name: MCCOOK		
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6036494			Suffix: [] * Email: DLMCCOOK@UCDAVIS.EDU		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): []			* Phone Number (give area code) 530-752-0653 Fax Number (give area code) []		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 11.420			7. * TYPE OF APPLICANT: a-Controlled Institution of Higher Education		
TITLE: Coastal Zone Management Estuarine Research Reserves			9. * NAME OF FEDERAL AGENCY: National Oceanic and Atmospheric Administration		
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): SAN FRANCISCO BAY NERR ELKHORN SLOUGH NERR			11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Does disturbance facilitate marine biological invasions? The role of invasive gastropods and eutrophication in mudflat communities within the National Estuarine Research Reserve System		
13. * PROPOSED PROJECT:			14. * CONGRESSIONAL DISTRICTS OF:		
* Start Date 06/01/2006 * Ending Date 05/31/2007			* a. Applicant 1 * b. Project CALIFORNIA		
15. * ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
* a. Federal \$ 19,933.20			a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
* b. Applicant \$ 0.00			<input checked="" type="checkbox"/> YES DATE []		
* c. State \$ 8,566.80			b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
* d. Local \$ 0.00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
* e. Other \$ 0.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
* f. Program Income \$ 0.00			<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ []					
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix: Dr. * First Name: EDWARD Middle Name: P. * Last Name: CASWELL-CHEN Suffix: []					
* b. Title: ASSOCIATE DEAN, OFFICE OF GRADUATE STUDIES * c. Telephone Number (give area code): 530-752-0653					
* Email: DLMCCOOK@UCDAVIS.EDU Fax Number (give area code): 530-752-6222					
d. Signature of Authorized Representative: Completed on submission to Grants.gov e. Date Signed: Completed on submission to Grants.gov					

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 24, 2006	Applicant Identifier OXR 04-1
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Applicant Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier NPIAS 3-06-0179-25
5. APPLICANT INFORMATION			
Legal Name: County of Ventura		Organizational Unit: Department of Airports	
Address (give city, county, state, and zip code): Department of Airports 555 Airport Way Camarillo, CA 93010		Name and telephone number of the person to be contacted on matters involving this application (give area code) Todd McNamee (805) 388-4200	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 0 9 4 4		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px;">B</div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration Western Pacific Region	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 . 1 0 6 TITLE: Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitate and Realign Perimeter Road (design & construction) Rehabilitate Airport Pavement Including Drainage, west apron (construction)	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Ventura County		<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg);"> RECEIVED JAN 30 2006 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT: Start Date: July 2006 Ending Date: December 2006			
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 19 and 21 b. Project: 21			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,500,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 78,947.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 1,578,947.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Todd McNamee		b. Title Director of Airports	c. Telephone number (805) 388-4200
d. Signature of Authorized Representative 			e. Date Signed January 23, 2006